

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>lung</i>		1-11-00
O.I.P.E. CLASSIFIER	<i>W</i>		10-24-00
FORMALITY REVIEW	<i>2H</i>	56583	11/03/00
RESPONSE FORMALITY REVIEW	<i>request</i>	995	04-11-01

BEST AVAILABLE COPY

INDEX OF CLAIMS

✓ Rejected  
 - Allowed  
 - (Through numeral) Canceled  
 + Restricted  
 N Non-elected  
 I Interference  
 A Appeal  
 O Objected

Claim	Date
1	05-03-01
2	05-03-01
3	05-03-01
4	05-03-01
5	05-03-01
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7	05-03-01
8	05-03-01
9	05-03-01
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
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